New Mexico Medical

12127B North Highway 14 ● Suite 5
Cedar Crest, NM 87008

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions.

Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for_____ **Today's Date** _____

Are you seeking: Full-time / Part-time / Temporary employment?

When could you start work?

_____

Last Name, First Name, Middle Name

_____,_____,_____

Telephone Number ( ) _____-_____

Present Street Address, City, State, Zip Code

_____,_____,_____,_____

Are you 18 years of age or older? Yes / No **Smoker:** Yes / No

(If you are hired, you may be required to submit proof of age.)

Social Security # _____

If hired, can you furnish proof you are eligible to work in the U.S.? Yes / No

Have you ever applied here before? Yes / No **If yes, When?**_____

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Were you ever employed here? Yes / No **If yes, when?** _____

(A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business or employment outside of our job? Yes / No

If yes, give details

_____

_____

For Driving Jobs Only: Do you have a valid driver's license? Yes / No / NA

Driver's License Number _____ **Class of License**_____ **State Licensed In** _____ **Current Auto Insurance?** Yes / No **Full coverage?** Yes / No

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details:

_____

High School or GED:

_____

College or University: _____

Graduated? Yes / No **Degree held?** Yes / No

Vocational or Technical:

_____

What skills or additional training do you have that relate to the job for which you are applying?

_____

_____

What machines, equipment, or programs can you operate that relate to the job for which you are applying?

_____

_____

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List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Note: A job offer may be contingent upon acceptable references from current and former employers.

NAME OF EMPLOYER _____

JOB TITLE AND DUTIES

_____

_____

DATES OF EMPLOYMENT (MO/YR): **FROM** ____/_____ **TO**____/_____

ADDRESS _____

CITY, STATE, ZIP CODE_____, _____, _____

PAY: START $ _____**FINAL $**_____

SUPERVISOR(S) _____**TELEPHONE** ( )_____

Reason for Leaving _____

NAME OF EMPLOYER _____

JOB TITLE AND DUTIES

_____

_____

DATES OF EMPLOYMENT (MO/YR): **FROM** ____/_____ **TO**____/_____

ADDRESS _____

CITY, STATE, ZIP CODE_____, _____, _____

PAY: START $ _____**FINAL $**_____

SUPERVISOR(S) _____**TELEPHONE** ( )_____

Reason for Leaving _____

NAME OF EMPLOYER _____

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JOB TITLE AND DUTIES

_____

_____

DATES OF EMPLOYMENT (MO/YR): **FROM** ____/_____ **TO**____/_____

ADDRESS _____

CITY, STATE, ZIP CODE_____, _____, _____

PAY: START $ _____**FINAL $**_____

SUPERVISOR(S) _____**TELEPHONE** ( )_____

Reason for Leaving _____

Are you presently employed? Yes / No

If yes, whom do you suggest we contact?

_____

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain:

_____

_____

Give three references, not relatives or former employers. (Name/ Address / Phone)

1)_____

_____

2)_____

_____

3)_____

_____

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PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE OWNERS OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE OWNERS AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature:_____
Date: _____

This application for employment will remain active for a limited time. Ask the organization's representative for details.

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